

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS
PURSUANT TO 28 U.S.C. § 1915

RICHARD SITCHA

Plaintiff(s).

v.

Case No. 05-1860

MCDONALD, J. T. AL

Defendant(s).

I request leave to commence this civil action without prepayment of fees, costs, or security therefor pursuant to 28 U.S.C. § 1915. In support of my request, I submit the attached financial affidavit and state that:

- (1) I am unable to pay such fees, costs, or give security therefor.
- (2) I am entitled to commence this action against the defendant(s).
- (3) I request that the court direct the United States Marshal's Service to serve process.

Richard Sitcha

Original Signature

Richard Sitcha

Name (print or type)

26 Cong. pond RD

Street Address

PCCF - Plymouth, MA 02360

City

State

Zip Code

()

Telephone Number

(Rev. 6/12/02)

SCANNED

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

FINANCIAL AFFIDAVIT IN SUPPORT OF
MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS
PURSUANT TO 28 U.S.C. § 1915

RICHARD SUTCHA

Plaintiff(s),

v.

MCDONALD, ET AL

Defendant(s).

Case No. 05-1860

I declare that:

- (1) I am unable to pay such fees, costs, or give security therefor.
- (2) I am entitled to commence this action against the defendant(s).

I further state that the responses I have made to the questions below relating to my ability to pay the cost of prosecuting this action and other matters are true.

MARITAL STATUSSingle ☒ Married ☐ Separated ☐ Divorced ☐

If separated or divorced, are you paying any support or any form of maintenance?

Yes ☐ No ☐Dependents: Wife ☐ Children # ☐ Others # ☐and relationship ☐

The names and ages of my children are:

Name ☐Age ☐Name ☐Age ☐Name ☐Age ☐**RESIDENCE**Street Address: PLYMOUTH COUNTY CORR. FACILITYCity: 26 LONG POND ROAD, PLYMOUTH, MA 02350State: MAZip Code: ☐ Telephone: ☐

EDUCATION

Please circle the highest level of formal education you have received:

Grammar School K 1 2 3 4 6 7 8 High School 9 10 11 12
College 1 2 3 4 Post-Graduate 1 2 3 4

EMPLOYMENT

If employed at present, complete the following:

Name of employer: N/A
Address of employer: N/A
How long employed by present employer: N/A
Income: Monthly N/A Weekly N/A **IN-CARE RATED**

If self-employed state weekly wages: N/A
What is the nature of your employment? N/A

If unemployed at present, complete the following:
I have been unemployed since the 1 day of November, 2003
The name of my last employer: N/A
Address: N/A
Telephone #: () N/A
The last salary or wages received: N/A

If spouse is employed, please complete the following:

Name of employer: N/A
How long employed: N/A
Income: Monthly N/A Weekly N/A
What is the nature of spouse's employment? N/A

If on welfare or receiving unemployment benefits complete the following:

I have been on welfare or receiving unemployment benefits since: N/A
I am receiving \$ N/A monthly N/A weekly N/A
for myself and family of N/A

If receiving social security, disability or workers' compensation benefits complete the following:

I have been receiving social security, disability or workers' compensation benefits since: N/A
I am receiving \$ N/A monthly N/A weekly N/A

FINANCIAL STATUS

Owner of real property? Yes N/A No N/A
If yes, description: N/A
Address: N/A
In whose name? N/A
Estimated value: N/A

Amount owed: N/A
 Owed to: N/A
 Total: N/A Monthly payment N/A
 Owed to: N/A
 Total: N/A Monthly payment N/A
 Annual income from property N/A
Other property:
 Automobile: Make N/A Model N/A Year N/A
 Registered owner(s) name(s): N/A
 Present value of automobile: N/A
 Owed to: N/A
 Amount owed: N/A
 Cash on hand: N/A
 Cash in banks and savings and loan associations: N/A
 Names and addresses of banks and associations: N/A

OBLIGATIONS:

Monthly rental on house or apartment:	\$ 0.00
Monthly mortgage payment on house:	\$ 0.00
Gas bill per month:	\$ 0.00
Electric bill per month:	\$ 0.00
Phone bill per month:	\$ 0.00
Car payments per month:	\$ 0.00
Car insurance payments per month:	\$ 0.00
Other types of insurance payments per month:	\$ 0.00
Monthly payments to retail merchants:	\$ 0.00
Please list: _____	\$ 0.00
Please list: _____	\$ 0.00
Monthly payments on any other outstanding loans or debts:	\$ 0.00
Please list: _____	\$ 0.00
Please list: _____	\$ 0.00
Any money owed to doctors, hospitals, lawyers:	\$ 0.00
Please list: _____	\$ 0.00
Please list: _____	\$ 0.00
Monthly payment for maintenance or child support under separation or dissolution agreement:	\$ 0.00
Estimated monthly expenditure on food:	\$ 0.00
Estimated monthly expenditure on clothing:	\$ 0.00
Total amount of monthly obligations:	\$ 0.00

Other information pertinent to financial status: (Include stocks, bonds, savings bonds, interests in trusts either owned or jointly owned):

Date:

7/13/05

Original Signature of Affiant

Richard Sitcharunt

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Date:

7/13/05

Original Signature of Affiant

Richard Sitcharunt